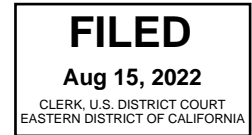


Danny Young, C53235
Name and Prisoner Booking Number
California Medical Facility
Place of Confinement
P.O. Box 2000, V-135
Mailing Address
Vacaville, CA 95696-2000
City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)



IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

Danny Jerome Young
(Full Name of Plaintiff) Plaintiff,

v.

(1) P. Curry
(Full Name of Defendant)

(2) _____

(3) _____

(4) _____

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. 2:22-cv-1448-AC (PC)

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
BY A PRISONER

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
☐ Other: _____

2. Institution/city where violation occurred: California Medical Facility

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Name: Young Danny Jerome
(Last) (First) (Middle Initial)

Prisoner Number: C-53235

Institutional Address: California Medical Facility, P.O. Box 2000; V-135,
Vacaville, California, 95696-2000

UNITED STATES DISTRICT COURT

~~EASTERN~~ DISTRICT OF CALIFORNIA

DANNY JEROME YOUNG
(Enter your full name.)

vs.

P. CURRY

(Enter the full name(s) of the defendant(s) in this action.)

Case No. _____
(Provided by the clerk upon filing)

**COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
42 U.S.C. § 1983**

I. Exhaustion of Administrative Remedies.

Note: You must exhaust available administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.

A. Place of present confinement California Medical Facility

B. Is there a grievance procedure in this institution? YES ☒ NO ☐

C. If so, did you present the facts in your complaint for review through the grievance procedure? YES ☒ NO ☐

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue any available level of appeal, explain why.

1. Informal appeal: CDCR has two (2) levels of review, the
Institutional and Headquarters' level. See Second and
Third formal level, page #2.

1 2. First formal level: _____
2 _____
3 _____

4 3. Second formal level: Institutional level: Appeal # CMF SC
5 21000042, Closing Date June 11, 2021.
6 _____

7 4. Third formal level: Headquarters' level response: # CMF SC
8 21000042, Closing Date September 9, 2021
9 _____

10 E. Is the last level to which you appealed the highest level of appeal available to you?

11 YES ☒ NO ☐

12 F. If you did not present your claim for review through the grievance procedure, explain why.
13 N.A.
14 _____
15 _____

16 **II. Parties.**

17 A. Write your name and present address. Do the same for additional plaintiffs, if any.

18 Danny Jerome Young, California Medical Facility, P.O. Box 2000;
19 V-135, Vacaville, California 95696-2000
20 _____

21 B. For each defendant, provide full name, official position and place of employment.

22 P.Curry, Licensed Vocational Nurse, California Medical Facility,
23 P.O. Box 2000, Vacaville, California, 95696
24 _____
25 _____
26 _____
27 _____
28 _____

1 **III. Statement of Claim.**

2 State briefly the facts of your case. Be sure to describe how each defendant is involved
and to include dates, when possible. Do not give any legal arguments or cite any cases or
3 statutes. If you have more than one claim, each claim should be set forth in a separate
numbered paragraph.

4 1. Plaintiff is a prisoner at the California Medical Facility,
5 (CMF) in the California Department of Corrections and Rehabili-
6 tation (CDCR).

7 2. Plaintiff suffers from an assortment of medical ailments
8 that, at 63 years of age is particularly debilitating, signifi-
9 cantly affecting his daily activities.

10 3. One of Plaintiff's conditions is gastroesophageal reflux
11 disease (GERD), a condition in which stomach acid and enzymes
12 flow backward from the stomach into the esophagus, causing
13 inflammation and pain in the esophagus. This reflux, in Plaint-
14 iff's disease becomes worst when he is laying down. Plaintiff is
15 unable to sleep without a wedge pillow(See Statement of Claim)

16 **IV. Relief.**

17 Your complaint must include a request for specific relief. State briefly exactly what you
want the court to do for you. Do not make legal arguments and do not cite any cases or
18 statutes.

19 1. Compensatory damages in the amount of \$14,000 dollars;

20 2. Punitive damages in the amount of \$70,000 dollars;


21 3. The cost of this suit;

22 4 Trial by jury on all issues triable.

23
24 I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

25 Executed on: August 8, 2022

Date


Signature of Plaintiff

1 to elevate his head and upper body. It is well documented in the
2 Plaintiff's prison medical file that he experiences severe reflux
3 when force to sleep without a medical bed or a wedge pillow, incl-
4 uding waking up nightly choking on his saliva, a saliva that is
5 thick and leaves Plaintiff in a panic. It is also well documented
6 in the Plaintiff's prison medical file that he experiences severe
7 reflux when force to sleep without a medical bed or a wedge
8 pillow, including waking up nightly suffering from an unquench-
9 able burning and pain in his esophagus.

10 4. Plaintiff's condition is serious, treatment prescribed by
11 his primary physician, Dr. O.Petras, to relieve his gastroesopha-
12 geal reflux include both medication and housing restrictions/
13 accommodation that include under Durable Medical Equipment, as a
14 permanant medical order, a Wedge and Cervical Pillow(Exhibit A).

15 5. On April 1, 2021, Plaintiff reported to the medical clinic
16 after an order by Dr. Petras directing CMF medical staff to
17 personally exchange a worn and nolonger effective wedge pillow
18 for a 1 for 1 exchange with the Defendant, P. Curry, who was
19 responsible for maintaining the compliance of Durable Medical
20 Equipment's distribution. Although prisoner's would normally
21 make such an exchange on his own at CMF, the order issued by
22 Dr. Petras to specify that his staff personally engage Defendant
23 Curry was because of complaints by Plaintiff that Curry had a
24 history of attacking him and interferred/denied medical care
25 on previous occausions ordered by his physicians, and had with-
26 held a wedge previously ordered by him.

27 6. On April 1, 2021, CMF Medical Assistant, Katelyn Dowell

1 attempted to follow Dr. Petras' order, but was herself denied by
2 Defendant Curry. Dowell submitted a progress note on....April 1,
3 2021, stating: "this I/p (inmate patient) came to ACC with his
4 wedge pillow for a 1:1 exchange. I took the pillow up to B2 and
5 asked Ms. Curry for the exchange. She stated that because there was
6 a previous incident between the two the patient would have to come
7 down in two weeks when she schedules him. Patient was notified."
8 (Exhibit B)and C, the Inmate Priority Pass by Dr. Petras, signed by
9 the medical clinics Correctional Officer on front and on back by
10 medical assistant "Ms. Dowell", and the Encounter information Final
11 Report or progress note submitted by Katelyn Dowell).

12 7. Defendant Curry deliberately, with intention and malice,
13 interfered with the treatment prescribed by Plaintiff's physician,
14 Dr. Petras, violating Plaintiff's right to needed medical care,
15 violating his right against retaliation and abuse under the Eighth
16 Amendment.

17 8. Defendant Curry does not have prescribing privileges as an
18 LVN.

19 9. This is not a case in which there is a difference of medical
20 opinion about which treatment is best for Plaintiff. Nor is this
21 a case of ordinary medical mistake or negligence. Rather, the
22 facts will show and a jury could find, that the evidence is
23 undisputed that Plaintiff was denied medical care in violation of
24 the Eighth Amendment based on the deliberate indifference of
25 Defendant Curry.

26 10. Defendant Curry has a long history of not only targeting
27 Plaintiff, but other inmates as well. Defendant Curry has a long

1 history of complaints against her by both inmates and CMF Correcti-
2 ons/medical staff. In a civil complaint filed in *Humphries v.*
3 *Curry*, 2022 U.S. Dist. LEXIS 99642, Defendant Curry was observed by
4 witnesses as knowingly mixing contaminated liquids from one inmate
5 patient in CMF's hospital with another, causing him to be violat-
6 ly sick. CMF and the CDCR found that Curry "violated California
7 Department of Corrections and Rehabilitation policy."

8 11. In response to Plaintiff's complaint against Defendant
9 Curry, CMF's Supervising Registered Nurse II found that Defendant
10 Curry "violated California Department of Corrections and Rehabil-
11 itation policy." (Exhibit D, finding by L. Scott, SMF SC 21000042,
12 dated 6/9/2021)

13 12. Supervising Nurse's Scott's findings were endorsed by the
14 Chief Executed Officer (A), Dr. William Kusher III, DDS on 6/10/21.
15 (Exhibit D)

16 13. On September 9, 2021, S. Gates, Chief Health Care Correspond-
17 ence and Appeals Branch Policy and Risk Management Services stated
18 "Reports indicate the content of the Confidential inquiry Report
19 supported the conclusion that staff did violate California Depart-
20 ment of Corrections and Rehabilitaion policy." (Exhibit D)

21 14. Defendant Curry acted under color of state law. Curry knew
22 or should have known in the proper exercise of her duties that her
23 actions did not reasonably advance a legitimate correctional
24 goal. She knew of or should have known in the proper exercise of
25 her duties that her actions in denying Plaintiff the wedge pillow
26 as ordered by his physician would result in a danger to his health,
27 including pain.

1 15. As a result of Defendant Curry's actions, Plaintiff suff-
2 ered servere reflux , waking up in panic night after night chock-
3 ing on thick saliva, struggling to breathe

4 16. As a result of Defendant Curry's actions, Plaintiff suffered
5 burning pain from regurgitation stomach acid and enzymes into
6 his esophagus.

7 17. Defendant Curry is being sued in her individual capacity

8 DATED: August 8, 2022

9 
10 DANNY JEROME YOUNG
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

EXHIBIT

"A"

ADA/Effective Communication Patient Summary

As of: 02/24/2021 12:40

Patient Information**NAME:** YOUNG, DANNY
CDCR: C53235**Testing of Adult Basic Education (TABE)****TABE Score:** 11.3**TABE Date:** 03/25/2014 00:00**Disability Placement Program****Current DPP Code(s):**

* DPO

Learning Disabilities**Learning Disabilities:****DPP Verification/Accommodation Date:** 09/29/20
10:05:22 PDT**English Proficiency****LEP:** No**Current Housing Restrictions/Accommodations:**

- * Lifting Restriction
- * Extra Time for Meals
- * Transport Vehicle With Lift
- * Limited Wheelchair User
- * Bottom Bunk
- * Ground Floor- No Stairs

Primary Language: English**Durable Medical Equipment****Methods of Communication****Current ISSUED DME:**

- * Back Braces Permanent
- * Eyeglass Frames Permanent
- * Incontinence Supplies Permanent
- * Mobility Impaired Disability Vest Permanent
- * Therapeutic Shoes/Orthotics Permanent
- * Walkers Permanent
- * Wheelchair Permanent
- * Other Permanent: Wedge & Cervical Pillow, SHOE INSOLES, Toilet seat lift/erector, SOCK ASSIST, Sunrise Orthotics : Resized 9 SE propet brown lace boots Grabber and Long Handle Sponge Sunrise ortho:Pt. boots W/ mods & lacewith adjustment.

SLI:**Primary Method:****Secondary Method:****Interview Date:****Developmental Disability Program****MHSDS****Current DDP Code:****MHLOC:** CCCMS**Effective Date:****Adaptive Support Needs:**

EXHIBIT "B"

Progress Note-Medical Assistant

YOUNG, DANNY JEROME - C53235

* Final Report *

*** Final Report ***

Encounter Info: Patient Name: DANNY YOUNG, DOB: 05/08/1959, CDCR: C53235, FIN: 10000000911428741C53235, Facility: CMF, Encounter Type: Institutional Encounter

this i/p came to acc with his wedge pillow for a 1:1 exchange. I took the pillow up to B2 and asked Ms. Curry for the exchange. She stated that because there was a previous incident between the two the patient would have to come down in two weeks when she schedules him. Patient was notified

Signature Line

Electronically Signed on 04/01/2021 11:54 AM PDT

Dowell, Katelyn MA, MA

Completed Action List:

- * Perform by Dowell, Katelyn MA on April 01, 2021 11:54 PDT
- * Sign by Dowell, Katelyn MA on April 01, 2021 11:54 PDT
- * VERIFY by Dowell, Katelyn MA on April 01, 2021 11:54 PDT

Result type:	Progress Note-Medical Assistant
Result date:	April 01, 2021 11:52 PDT
Result status:	Auth (Verified)
Result title:	MA appt
Performed by:	Dowell, Katelyn MA on April 01, 2021 11:54 PDT
Verified by:	Dowell, Katelyn MA on April 01, 2021 11:54 PDT

EXHIBIT "C"

053

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OTRR314 INMATE PRIORITY PASS

INMATE'S NAME Young, Danny Jerome		CDC# C53235	HOUSING AREA/BED A V 1 - 135001L
ISSUED BY U. UNKNOWN	ISSUE DATE 03/25/2021	APPT. DATE 04/01/2021	APPT. TIME 11:00
APPT. LOCATION ACC LVN Medical	TYPE / REASON Medical/Nursing/		
ARRIVAL TIME	RECORDED BY:	RECORDED BY:	
DEPART TO:	DEPART TIME:		

Ms. Dowell

EXHIBIT "D"



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

Closing Date: **SEP 09 2021**

To: YOUNG, DANNY (C53235)
California Medical Facility
P.O. Box 2000
Vacaville, CA 95696-2000

From: California Correctional Health Care Services
Health Care Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking #: CMF SC 21000042

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

Refer to the attached CDCR 602 HC, Health Care Grievance, in which you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

The institutional level reviewing authority categorized your health care grievance as a staff complaint and referred your health care grievance for a confidential inquiry to address the allegation of staff misconduct.

HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

Your health care grievance package and health record, the supervisor's Confidential Inquiry Report, and all pertinent departmental policies and procedures were reviewed. Records indicate the content of the Confidential Inquiry Report supported the conclusion that staff did violate California Department of Corrections and Rehabilitation policy.

Complaints against staff are taken seriously and all efforts are made to ensure these matters are thoroughly researched and responded to in accordance with governing laws, rules, and policies. Any report generated or action taken is confidential and will not be released to inmates under any circumstances. You have been provided all information to which you have a right under California Code of Regulations, Title 15, Section 3999.231.

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

D.YOUNG, C53235
CMF SC 21000042
Page 2 of 2

Per California Code of Regulations, Title 15, Section 3999.227(e), "The grievant is limited to one issue or set of issues related to a single health care discipline that can reasonably be addressed in a single health care grievance response." Your medical issue was bifurcated and addressed in health care grievance tracking number CMF HC 21000538.


Per California Code of Regulations, Title 15, Section 3004(a), "Inmates and parolees have the right to be treated respectfully, impartially, and fairly by all employees. Inmates and parolees have the responsibility to treat others in the same manner." Additionally, per the Health Care Department Operations Manual, Section 2.1.1, Patients' Rights, the individual patient's rights are maintained in concurrence with established medical ethics and to preserve the basic human dignity of the patient. Certain rights may be limited by reasonable application of security regulations.

Monetary compensation is outside the jurisdiction of the health care grievance process.

You have the right to exhaust your administrative remedies or file a civil action. It is your personal responsibility to obtain legal counsel if you so choose. The Prison Litigation Reform Act (42 U.S.C § 1997e[a]) states: "No action shall be brought with respect to prison conditions under § 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

If you have health care needs, you may access health care services by utilizing approved processes in accordance with California Correctional Health Care Services policy.

This decision exhausts your administrative remedies.

 Digitally signed
by HCCAB
Date:
2021.09.09
09:23:29 -0700

S. Gates, Chief
Health Care Correspondence and Appeals Branch
Policy and Risk Management Services
California Correctional Health Care Services

September 9, 2021
Reviewed and Signed Date

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

P.O. Box 588500
Elk Grove, CA 95758

TAFF COMPLAINT

TAFF COMPLAINT

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY	Expedited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tracking #: <u>CMF SC 21000042 CMF HC 21000538</u>
G. TAN RN		Signature: <u>[Signature]</u> Date: <u>04/08/21</u>

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): <u>Young, Danny</u>	CDCR #: <u>C53235</u>	Unit/Cell #: <u>V-135</u>
---	-----------------------	---------------------------

SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

SEE ATTACHED
CDC-1824/602

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☐ No

Grievant Signature:

Date Submitted:

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only	Is a CDCR 602 HC A attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
This grievance has been:	
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____ <input type="checkbox"/> Withdrawn (see section E) <input checked="" type="checkbox"/> Accepted	
Assigned To: <u>L. Scott</u>	Title: <u>Nursing SRN</u>
Date Assigned: <u>4/14/21</u>	Date Due: <u>6/11/21</u>
Interview Conducted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Interview: <u>4/21/21</u>
Interviewer Name and Title (print): <u>L. Scott</u>	Signature: <u>[Signature]</u> Date: <u>6/11/2021</u>
Reviewing Authority Name and Title (print): <u>L. Green CCO (CA)</u>	Signature: <u>[Signature]</u> Date: <u>6/10/21</u>
Disposition: See attached letter <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> No Intervention	
HCGO Use Only: Date closed and mailed/delivered to grievant: <u>JUN 11 2021</u>	

1. Disability Code: ☐ TABE score ≤ 4.0 ☐ DPH ☐ DPV ☐ LD ☐ DPS ☐ DNH ☐ DDP ☒ Not Applicable
2. Accommodation: ☐ Additional time ☐ Equipment ☐ SLI ☐ Louder ☐ Slower ☐ Basic ☐ Transcribe ☐ Other*
3. Effective Communication: ☐ Patient asked questions ☐ Patient summed information **Please check one:** ☐ Not reached* ☐ Reached *See chrono/notes

4. Comments:

RECEIVED
CMF

APR 08 2021

HCGO

COMPLETED
CMF

STAFF USE ONLY

HCGO

RECEIVED
HCCAB

JUN 11 2021

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
 CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
CMFHC 21000538 Page 2 of 2
 Tracking #:

CMFSC 21000042

SECTION C:

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Grievant Signature:

Date Submitted:

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____

☐ Withdrawn (see section E) ☒ Accepted

☐ Amendment Date: _____

Interview Conducted? ☐ Yes ☒ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☒ No Intervention

This decision exhausts your administrative remedies.

HQ Use Only: Date closed and mailed/delivered to grievant:

SEP 09 2021

SECTION E: Grievant requests to **WITHDRAW** health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

COMPLETED
 HCCAB
 SEP 09 2021

STAFF USE ONLY

Distribution. **Original** - Returned to grievant after completed; **Scanned Copy** - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

STATE OF CALIFORNIA

HEALTH CARE GRIEVANCE ATTACHMENT

CDCR 602 HC A (10/18)

STAFF COMPLAINT

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

TREAT AS ORIGINAL**STAFF USE ONLY**

Tracking #:

CMFSC21000042~~CMFHC 21000538~~

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.
Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

Young Danny Jerome

CDCR Number:

C53235

Unit/Cell Number:

V-135

SECTION A

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

In compliance with medical orders from my PCP, I was issued an Inmate Priority Pass to ACC. CMF medical staff member, Dowell, took my old wedge pillow per doctors orders to B-2 medical supplies for exchange. In an act of retaliation and denial of needed medical care, LVN Curry refused to issue the wedge, stating I had refused to give her my I.D. card during a previous encounter and because of that, I could wait and she would issue me a pass to come to her in two weeks.

As a result of Curry's actions, I awake several times each night chocking, afraid to go back to sleep, often not doing so. The level of discomfort is depressing, I am tired all the time and my physical pain has returned.

This is a NOTICE, Curry has violated my rights, Curry's supervisor's have allowed Curry to get away with such actions for some time now, and both Curry and her supervisor's were placed on Notice by my 2/20/2021 complaint against them. I now seek monetary damages in an amount to be determined, based on, among other factors, each day I am denied my needed wedged pillow from 4/1/2021 until compliance against Curry and those who allow her to abuse me.

Grievant Signature: *Ch*

Date Submitted: 4/3/2021

SECTION B: Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

Name and Title: _____

Signature: _____

Date: _____

RECEIVED COMPLETED
CMF
JUN 11 2021

APR 08 2021

HCCO

STAFF USE ONLY

RECEIVED
HCCAB
JUN 11 2021

COMPLETED
HCCAB
SEP 09 2021

STATE OF CALIFORNIA

HEALTH CARE GRIEVANCE ATTACHMENT

CDCR 602 HC A (10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

CMFSL 21000042

Tracking # ~~CMF HC 21000538~~

SECTION C: Continuation of CDCR 602 HC, Health Care Grievance Appeal, Section C only (Dissatisfied with Health Care Grievance Response):

Grievant Signature: _____

Date Submitted: _____

SECTION D: Staff Use Only: Grievants do not write in this area. Grievance Appeal Interview Clarification. Document issue(s) clarified during interview (If necessary at HQ Level).

Name and Title: _____

Signature: _____

Date: _____

STAFF USE ONLY

Distribution: Original - Returned to grievant after completed. Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.



HEALTH CARE SERVICES



Institutional Level Response

Closing Date:

JUN 11 2021

To:

YOUNG, DANNY (C53235)
A V 1135001LP
California Medical Facility
P.O. Box 2000
Vacaville, CA 95696-2000

Tracking #

CMF SC 21000042

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

Refer to the attached CDCR 602 HC, Health Care Grievance, in which you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

The reviewing authority completed a review of the allegation of staff misconduct presented in the attached CDCR 602 HC, Health Care Grievance, and categorized your health care grievance as a staff complaint. Your health care grievance was referred for a confidential inquiry to address the allegation of staff misconduct.

GRIEVANT INTERVIEW

On April 21, 2021, you were interviewed by L. Scott, Supervising Registered Nurse II (SRN II). You stated that you had a priority ducat pass from your doctor in order to receive your wedge pillow. You indicated that knowing the history between yourself and Licensed Vocational Nurse (LVN) Curry, you asked a nurse to pick up the wedge pillow for you. You then indicated that LVN Curry told the nurse that you will have to wait for two (2) weeks, even though there were plenty of pillows on-site. You stated that LVN Curry has been mean and uses her position to retaliate against the inmates when they do not cooperate with her. You concluded by stating that you feel LVN Curry's current supervisor is aware of her attitude and job performance, but has yet to do anything about the complaints.

WITNESS INTERVIEW(S)

- ☐ No witnesses were interviewed.
- ☒ The following witnesses were interviewed: K. Dowell, Medical Assistant (MA)

SUBJECT OF THE STAFF COMPLAINT INTERVIEW

P. Curry, LVN, was interviewed.

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

RECEIVED

D.YOUNG, C53235
CMF SC 21000042
Page 2 of 2

INSTITUTIONAL LEVEL DISPOSITION

No intervention, as the confidential inquiry is complete and all issues were adequately addressed.

BASIS FOR INSTITUTIONAL LEVEL DISPOSITION

Your health care grievance package and health record and all pertinent departmental policies and procedures were reviewed.

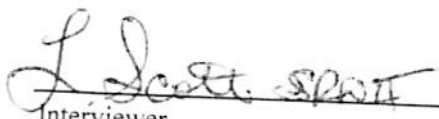
With respect to one or more of the issues grieved, it has been concluded that staff:

- ☐ did not violate California Department of Corrections and Rehabilitation policy.
☒ violated California Department of Corrections and Rehabilitation policy.

Complaints against staff are taken seriously and all efforts are made to ensure these matters are thoroughly researched and responded to in accordance with governing laws, rules, and policies. Any report generated or action taken is confidential and will not be released to inmates under any circumstances.

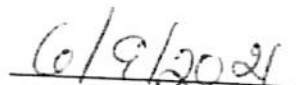
If you have health care needs, you may access health care services by utilizing approved processes in accordance with California Correctional Health Care Services policy.

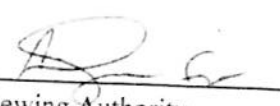
If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.


Interviewer

L. SCOTT

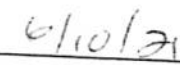
Supervising Registered Nurse II
California Medical Facility


Reviewed and Signed Date


Reviewing Authority

WILLIAM KUSHNER III, DDS

Chief Executive Officer (A)
California Medical Facility


Reviewed and Signed Date

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.
Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.
Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE ATTACHMENT
CDCR 602 HC A (10/18)

STAFF COMPLAINT

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY

Tracking #:

CMF HC 21000538
~~CMF SC 21000042~~

CMF HC 21000538

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.
Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

Young Danny Jerome

CDCR Number:

C53235

Unit/Cell Number:

V-135

SECTION A: Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

In compliance with medical orders from my PCP, I was issued an Inmate Priority Pass to ACC. CMF medical staff member, Dowell, took my old wedge pillow per doctors orders to B-2 medical supplies for exchange. In an act of retaliation and denial of needed medical care, LVN Curry refused to issue the wedge, stating I had refused to give her my I.D. card during a previous encounter and because of that, I could wait and she would issue me a pass to come to her in two weeks.

As a result of Curry's actions, I awake several times each night chocking, afraid to go back to sleep, often not doing so. The level of discomfort is depressing, I am tired all the time and my physical pain has returned.

This is a NOTICE, Curry has violated my rights, Curry's supervisor's have allowed Curry to get away with such actions for some time now, and both Curry and her supervisor's were placed on Notice by my 2/20/2021 complaint against them. I now seek monetary damages in an amount to be determined, based on, among other factors, each day I am denied my needed wedged pillow from 4/1/2021 until compliance against Curry and those who allow her to abuse me.

Grievant Signature:

[Signature]

Date Submitted: 4/3/2021

SECTION B: Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

Name and Title:

Signature:

Date:

RECEIVED
CMF
APR 08 2021
HGGO

COMPLETE
CMF
JUN 09 2021

RECEIVED
HGGO
JUN 09 2021

STAFF USE ONLY

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE ATTACHMENT
CDCR 602 HC A (10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 2 of 2

CMFSC 21000042

Tracking # ~~CMFHC 21000538~~

SECTION C: Continuation of CDCR 602 HC, Health Care Grievance Appeal, Section C only (Dissatisfied with Health Care Grievance Response):

Grievant Signature: _____ Date Submitted: _____

SECTION D: Staff Use Only: Grievants do not write in this area. Grievance Appeal Interview Clarification. Document issue(s) clarified during interview (if necessary at HQ Level).

Name and Title: _____ Signature: _____ Date: _____

STAFF USE ONLY

Distribution: Original - Returned to grievant after completed, Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
 CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
 Page 2 of 2

Tracking #:

SECTION C: Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Dissatisfied: Complainant brought Eighth Amendment and Deliberate Indifference claims against P. Curry and her Supervisor's. In a bifurcated hearing, it was concluded that Staff "violated California Department of Corrections and Rehabilitation policy." Accordingly, claimant is dissatisfied with the decision to deny monetary damages, and request \$70,000 in compensatory, and \$140,000 in punitive damages.

Finally, claimant puts the California medical facility, and the California Department of Corrections and Rehabilitation on NOTICE: All documents in this appeal, including the interviews of K. Dawed, P. Curry and any other interviewed witness. The submitted report by L. Scott, and reports made in determining disposition in SC 21000042, and this related grievance, HC 21000538, ARE material to civil litigation, and should not be destroyed or changed. (See Exhibit #1)

Grievant Signature: *Amund*

Date Submitted: *June 21, 2021*

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☐ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____
☐ Withdrawn (see section E) ☐ Accepted
☐ Amendment Date: _____

Interview Conducted? ☐ Yes ☐ No Date of Interview: _____ Interview Location: _____
 Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☐ No Intervention

This decision exhausts your administrative remedies.

HQ Use Only: Date closed and mailed/delivered to grievant: _____

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature: _____

Date Submitted: _____

Staff Name and Title (Print): _____

Signature: _____

Date: _____

STAFF USE ONLY

Distribution: **Original** - Returned to grievant after completed; **Scanned Copy** - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
 CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
 Page 1 of 2

STAFF USE ONLY	Expedited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tracking #
G. TAN RN		CMF HC 21000538
Staff Name and Title (Print)	Signature	Date
	<i>[Signature]</i>	04/08/21

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI)	CDCR #	Unit/Cell #
Young, Danny	253235	

SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

**SEE ATTACHED
 CDC 1824/602**

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☐ No

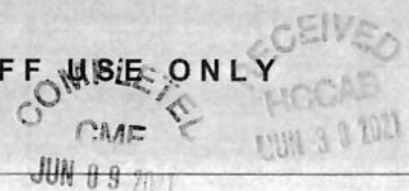
Grievant Signature:

Date Submitted:

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only		Is a CDCR 602 HC A attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
This grievance has been:			
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____			
<input type="checkbox"/> Withdrawn (see section E)			
<input checked="" type="checkbox"/> Accepted			
Assigned To: <i>D. McAlpin</i>		Title: <i>HCCG</i>	
Date Assigned: <i>4/14/21</i>		Date Due: <i>6/11/21</i>	
Interview Conducted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Interview: _____ Interview Location: _____	
Interviewer Name and Title (print): _____		Signature: _____ Date: _____	
Reviewing Authority Name and Title (print): <i>L Green CEO (n)</i>		Signature: <i>[Signature]</i> Date: <i>6/7/21</i>	
Disposition: See attached letter <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> No Intervention			
HCGO Use Only: Date closed and mailed/delivered to grievant: JUN 09 2021			

1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> Patient asked questions <input type="checkbox"/> Patient summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes
4. Comments: NO INTERVIEW		





CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Response

Closing Date: JUN 09 2021

To: YOUNG, DANNY (C53235)
A V 1135001LP
California Medical Facility
P.O. Box 2000
Vacaville, CA 95696-2000

Tracking #: CMF HC 21000538

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Administrative (Monetary Compensation)	Monetary damages.
Issue: Staff Complaints (Rude or Unprofessional)	You allege that on 4/1/21, LVN Curry denied the issuance/exchange of a new wedge pillow due to your ID refusal during a previous encounter.

INTERVIEW

Pursuant to California Code of Regulations, Title 15, Section 3999.228(f)(1), an interview was not conducted as you did not request one by initialing the appropriate box on the CDCR 602 HC, Health Care Grievance.

INSTITUTIONAL LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR INSTITUTIONAL LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. Monetary compensation is outside the jurisdiction of the health care grievance process.

California Code of Regulations, Title 15, Section 3999.227(e), "The grievant is limited to one issue or set of issues related to a single health care discipline that can reasonably be addressed in a single health care grievance response." Your staff complaint issue was bifurcated and addressed in health care grievance tracking number CMF SC 21000042.

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

RECEIVED

D.YOUNG, C53235

CMF HC 21000538

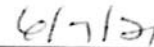
Page 2 of 2

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.



William Kushner III, DDS
Chief Executive Officer (A)
California Medical Facility



Reviewed and Signed Date

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

RECEIVED
JUN 15 2021

ADA/Effective Communication Patient Summary

As of: 04/08/2021 09:20

Patient Information

NAME: YOUNG, DANNY
CDCR: C53235

Testing of Adult Basic Education (TABE)**TABE Score:** 11.3**TABE Date:** 03/25/2014 00:00**Disability Placement Program****Learning Disabilities****Current DPP Code(s):**

* DPO

Learning Disabilities:

DPP Verification/Accommodation Date: 09/29/20
 10:05:22 PDT

English Proficiency**LEP:** No**Current Housing Restrictions/Accommodations:**

- * Lifting Restriction
- * Extra Time for Meals
- * Transport Vehicle With Lift
- * Limited Wheelchair User
- * Bottom Bunk
- * Ground Floor- No Stairs

Primary Language: English**Durable Medical Equipment****Methods of Communication****Current ISSUED DME:**

- * Back Braces Permanent
- * Eyeglass Frames Permanent
- * Incontinence Supplies Permanent
- * Mobility Impaired Disability Vest Permanent
- * Therapeutic Shoes/Orthotics Permanent
- * Walkers Permanent
- * Wheelchair Permanent
- * Other Permanent: Wedge & Cervical Pillow, SHOE INSOLES, Toilet seat lift/erector, SOCK ASSIST, Sunrise Orthotics : Resized 9 5E propet brown lace boots Grabber and Long Handle Sponge Sunrise ortho:Pt. boots W/ mods & lacewith adjustment.

SLI:**Primary Method:****Secondary Method:****Interview Date:****Developmental Disability Program****Current DDP Code:****Effective Date:****Adaptive Support Needs:****MHSDS****MHLOC:** CCCMS

RECEIVED

ADA/Effective Communication Patient Summary

As of: 04/08/2021 09:20

Patient Information

NAME: YOUNG, DANNY
CDCR: C53235

Disability Placement Program

Current DPP Code(s):
 * DPO

DPP Verification/Accommodation Date: 09/29/20
 10:05:22 PDT

Current Housing Restrictions/Accommodations:

- * Lifting Restriction
- * Extra Time for Meals
- * Transport Vehicle With Lift
- * Limited Wheelchair User
- * Bottom Bunk
- * Ground Floor- No Stairs

Methods of Communication**SLI:****Primary Method:****Secondary Method:****Interview Date:****Developmental Disability Program****Current DDP Code:****Effective Date:****Adaptive Support Needs:****Testing of Adult Basic Education (TABE)****TABE Score:** 11.3**TABE Date:** 03/25/2014 00:00**Learning Disabilities****Learning Disabilities:****English Proficiency****LEP:** No**Primary Language:** English**Durable Medical Equipment****Current ISSUED DME:**

- * Back Braces Permanent
- * Eyeglass Frames Permanent
- * Incontinence Supplies Permanent
- * Mobility Impaired Disability Vest Permanent
- * Therapeutic Shoes/Orthotics Permanent
- * Walkers Permanent
- * Wheelchair Permanent
- * Other Permanent: Wedge & Cervical Pillow, SHOE INSOLES, Toilet seat lift/erector, SOCK ASSIST, Sunrise Orthotics : Resized 9 5E propet brown lace boots Grabber and Long Handle Sponge Sunrise ortho:Pt. boots W/ mods & lacewith adjustment.

MHSDS**MHLOC:** CCCMS

RECEIVED
 11/15/2021